

ISOLATION PREPAREDNESS & IMPLEMENTATION

GUIDELINE for ESTABLISHING EFFECTIVE POLICIES, PROCEDURES & PRACTICES

For Isolation/Airborne Precautions for persons
with suspect or confirmed

INFECTIOUS or HIGH RISK TUBERCULOSIS

This guideline has been developed by the Wisconsin Department of Health and Family Services as an optional tool to assist local health departments and needs to be adapted according to each local health department's needs. Because it is not possible for any guideline to address all potential situations for individuals, clinical judgement must always be exercised. This guideline is written with the competent adult in mind and must be adjusted accordingly for other individuals. All other legal requirements must be followed to ensure "due process" and all laws pertaining to minors and/or persons with guardians are to be followed when implementing these guidelines.

When federal regulations, state statutes, administrative rules or CDC endorsed guidelines pertaining to Tuberculosis are revised, the Division of Public Health will notify local health departments of the availability of these resources. Local health departments need to update their policies, procedures and practices accordingly to remain consistent with ongoing changes in legal requirements and tuberculosis care for the health of both affected individuals and the general public.

GUIDELINE CONTENTS:

1. GUIDELINE for POLICY DEVELOPMENT

- a.) Terms & Definitions
- b.) Purpose
- c.) Persons Affected/responsible
- d.) Suggested **Policy** language
- e.) Legal Authority
- f.) References

2. GUIDELINE for PROCEDURE DEVELOPMENT

- a.) Terms & Definitions
- b.) Purpose
- c.) Persons Affected/Responsible
- d.) Suggested **Procedure** Language
- e.) Equipment, if needed
- f.) References
- g.) Attachments/Sample Forms
 - Form 1. Facility Review Form
 - Form 2. MOU – Sample Agreement with facility
 - Form 3. Tuberculosis Transmission Risk Assessment Form
 - Form 4. Sample Voluntary Isolation Contract
 - Form 5. Sample Isolation Order
 - Form 6. Sample Release from Isolation Order

GUIDELINE for ESTABLISHING EFFECTIVE PRACTICE	Reviewed/revised:
Isolation Preparedness & Implementation; For Isolation/Airborne Precautions for individuals with SUSPECT, CONFIRMED or HIGH-RISK TUBERCULOSIS	_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____
Health Department	_____/_____/_____
Original Effective Date: _____ Approved By: _____	Signatures _____ Dates _____

GUIDELINE for POLICY DEVELOPMENT

Terms and Definitions:

For the purposes of this document, the terms “infectious tuberculosis”, “isolation” and “suspect tuberculosis” are used according to statutory definition.

“Infectious tuberculosis” means tuberculosis disease of the respiratory tract, capable of producing infection or disease in others as demonstrated by the presence of acid-fast bacilli in the sputum or bronchial secretions or by chest radiograph and clinical findings.”

[Wis. Stats. 252.07 (1g)(a)]

“Isolation” means the separation from other persons of a person with infectious tuberculosis in a place and under conditions that will prevent the transmission of the infection.”

[Wis. Stats. 252.07 (1g)(c)]

“Suspect tuberculosis” means an illness marked by symptoms and laboratory tests that maybe indicative of tuberculosis, such as a prolonged cough, prolonged fever, hemoptysis, compatible roentgenographic findings or other appropriate medical imaging findings.

[Wis. Stats. 252.07(1g)(d)]

“High-risk tuberculosis” means the person’s tuberculosis infection is highly likely to result in active disease and may easily become infectious.

“Containment of tuberculosis” means the preventing of transmission of tuberculosis to uninfected persons.

“Airborne precautions” means measures designed to reduce the risk of airborne transmission of infectious agents such as *M. tuberculosis*.

“Isolation Room for airborne precautions” means the room must vent directly outside and have a minimum of six to twelve air exchanges per hour of non-recirculated or HEPA-filtered air. The ventilation system that includes the isolation room should be designed and maintained by a professional with expertise in engineering or by consultation with a person with such expertise.

Purpose:

The purpose of this policy is to ensure the containment of tuberculosis through measures to protect the public when an individual is suspected or known to have infectious or high-risk tuberculosis.

Persons Affected/Responsible:

This policy will be carried out by _____ under the general direction of
(List staff positions affected)
the health officer of the _____ health department.
City/County

Isolation Preparedness & Implementation

SUGGESTED POLICY LANGUAGE:

The health department will require all persons with suspect or confirmed infectious or high-risk tuberculosis to exercise all reasonable airborne precautions to prevent the spread of infection to others. The health department will ensure that airborne precautions (see definition) and isolation are provided for persons who have suspect or confirmed infectious or high-risk tuberculosis if the health officer decides these measures are necessary in order to protect others from becoming infected. If persons can be safely maintained in their home environment without a danger to the health of the public, the health department will encourage and support this.

The health department will work closely with the Wisconsin Division of Public Health Tuberculosis Program and the Public Health Regional Offices to determine the need for airborne precautions and isolation of persons with suspected or confirmed infectious or high-risk tuberculosis. The health department will work collaboratively with local medical providers, hospitals, nursing homes and others to ensure appropriate precautions and potential placement of individuals who cannot be maintained at home, in order to prevent transmission of tuberculosis to uninfected persons and to protect the health of the public.

The Health Department will work collaboratively with others in the community, both public and private, *to prepare in advance* for actions that are needed to provide voluntary and non-voluntary isolation/airborne precautions. Legal confinement is used as a last resort only. If a person is placed within the jurisdiction of another health department for care, the original health department retains responsibility for services and costs. Health departments may want to develop agreements about the logistics of providing care and services effectively and efficiently.

Legal Authority:

The local health officer may require isolation if it is suspected or confirmed that someone has a communicable disease. [WI Stats. 252.06] The Health Officer has statutory responsibility to investigate and enforce any rules promulgated by the Department of Health and Family Services to prevent or control the transmission of *M. tuberculosis*. (HFS 145) Under Wisconsin Statute Chapter 252.07(5) the health officer is to investigate, make and enforce the necessary orders for any person with suspected or known infectious or high-risk tuberculosis. If any person does not voluntarily comply with an isolation order issued by the local Health Officer, the Health Officer takes further legal actions to confine the person. Legal confinement is used as a last resort only. (*See Confinement Preparedness and Implementation Guideline*)

References

1. American Thoracic Society. **Diagnostic Standards and Classification of Tuberculosis in Adults and Children**. April, 2000
2. American Thoracic Society. **Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection**. April, 2000
3. California Department of Health Services and Executive Committee of the California Tuberculosis Controllers Association. **Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings**. 1997.
4. Centers for Disease Control and Prevention. **Core Curriculum on Tuberculosis**; Fourth Edition, 2000.
5. Centers for Disease Control and Prevention. **Improving Patient Adherence to Tuberculosis Treatment**. 1994.
6. Centers for Disease Control and Prevention. **Guideline for Isolation Precautions in Hospitals**, January 1996.
7. Francis J Curry National Tuberculosis Center, Institutional Consultation Services. **Isolation Rooms: Design, Assessment and Upgrade**. 1999.
8. Katz, S., et al, "Studies of Illness in the Aged: the index of ADL: A Standardized Measure of Biological and Psychosocial Function.", **Journal of the American Medical Association** (JAMA) 185: 12: 914-919, 1963
9. Lawton, M.P. & Brody, E.M., "Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living", **The Gerontologist**, 9: 179-186, 1969
10. National Tuberculosis Controllers Association. **Tuberculosis Nursing: A Comprehensive Guide to Patient Care**, 1997.
11. North Carolina Division of Epidemiology, Department of Health and Human Services. **North Carolina Tuberculosis Policy Manual**. 1997.
12. Wisconsin Department of Health and Family Services. **Wisconsin Administrative Rule, Control of Communicable Diseases**, Chapter 145.
13. Wisconsin Division of Public Health. **Infection Control Plan for Local Health Departments** (developed as a template for local health departments). 1998.
14. Wisconsin Division of Public Health. **Tuberculosis Infection Control Plan** (developed as a template for county jails). 1998.
15. Wisconsin Statutes, Communicable Diseases; ss. 252.06 – 252.07; 1997-98.

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Isolation Preparedness & Implementation; For Isolation/Airborne Precautions for individuals with SUSPECT, CONFIRMED or HIGH-RISK TUBERCULOSIS	_____ / /
_____ Health Department	_____ / /
Original Effective Date: _____ Approved By: _____	Signatures _____ Dates _____

GUIDELINE for PROCEDURE DEVELOPMENT

TERMS AND DEFINITIONS:

For the purposes of this document, the terms “infectious tuberculosis”, “isolation” and “Suspect tuberculosis” are used according to statutory definition.

“ADLs” means the Activities of Daily Living such as eating, bathing, dressing, grooming, oral hygiene, etc.

“IADLs” means the Instrumental Activities of Daily Living such as housekeeping, laundry, meal preparation, transportation, grocery shopping, using the phone, medication management, money management, etc.

“Infectious tuberculosis” means tuberculosis disease of the respiratory tract, capable of producing infection or disease in others as demonstrated by the presence of acid-fast bacilli in the sputum or bronchial secretions or by chest radiograph and clinical findings.”

[Wis. Stats. 252.07 (1g)(a)]

“Isolation” means the separation from other persons of a person with infectious tuberculosis in a place and under conditions that will prevent the transmission of the infection.”

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“Suspect tuberculosis” means an illness marked by symptoms and laboratory tests that maybe indicative of tuberculosis, such as a prolonged cough, prolonged fever, hemoptysis, compatible roentgenographic findings or other appropriate medical imaging findings.

[Wis. Stats. 252.07(1g)(d)]

“High-risk tuberculosis” means the person’s tuberculosis infection is highly likely to result in active disease and may easily become infectious.

“Containment of tuberculosis” means the preventing of transmission of tuberculosis to uninfected persons.

“Airborne precautions” means measures designed to reduce the risk of airborne transmission of infectious agents such as *M. tuberculosis*.

“Isolation Room for airborne precautions” means the room must vent directly outside and have a minimum of six to twelve air exchanges per hour of non-recirculated or HEPA-filtered air. The ventilation system that includes the isolation room should be designed and maintained by a professional with expertise in engineering or by consultation with a person with such expertise.

Isolation Preparedness & Implementation

Purpose:

The purpose of this procedure is to outline the measures to be taken for protecting the public when an individual is known or suspected to have infectious or high risk tuberculosis, and poses a threat or potential threat to others. This applies to both voluntary isolation when the person is accepting of the measures and Health Officer ordered isolation when needed due to lack of agreement or understanding on the part of the person who is affected.

Persons Affected/Responsible:

This procedure will be carried out by _____ under the general direction of
(List staff positions affected)
the health officer of the _____ health department.
City/County

SUGGESTED PROCEDURE LANGUAGE:

STAGE ONE - PRE-PLANNING FOR ISOLATION PREPAREDNESS:

A. Ensure that the appropriate facility(s) is (are) available that will provide the proper care and treatment of individuals who need isolation/airborne precautions that cannot be provided at their home or place of residence.

1. Identify potential locations in advance to provide isolation/airborne precautions (hospitals, nursing homes, county facilities, other community providers or correctional facilities for those who are under arrest for, or are convicted of crimes.)
(Note related policy statement: "If a person is placed within the jurisdiction of another health department for care, the original health department retains responsibility for the person.")
 - a. For each person affected, the health department explores all possible ways to keep them at home if suitable environmental adjustments can be made.
 - b. For infectious individuals who cannot be maintained at home, ensure that the location has a negative pressure room that meets requirements for isolation of infectious tuberculosis patients (minimum of six to twelve air changes per hour, vented directly outside with non-recirculating air, or with HEPA-filtered air) and a tuberculosis infection control plan that ensures competency in carrying out isolation/airborne precautions.
(Refer to Sample Form 1. Facility Review Form.)
 - c. For individuals who need inpatient care and are at high risk but not known to currently be infectious; determine that the facility is able to meet care and treatment needs, *including if they become infectious*.
 - d. Contact administrators of potential locations and/or community leaders in advance to develop a joint community education and preparedness plan.
 - e. Explain the health department's responsibility regarding tuberculosis and how facility, provider and community assistance and readiness is needed in order to protect everyone in the community in the case of active tuberculosis.
 - f. Provide education to all personnel, including copies of pertinent portions of the Wisconsin Statutes and Rules and pertinent TB educational materials. Include information regarding the fact that prolonged close contact is necessary for the

Isolation Preparedness & Implementation

transmission of TB and that persons with normal immune systems are not highly vulnerable. *(See References list; request assistance from WI TB Program if indicated)*

- g. Schedule a meeting(s) with administrators and appropriate staff, especially social services, nursing, infection control and educational staff.
- h. Discuss and secure an agreement, contract or memo of understanding (MOU) for placement of individuals in need of isolation/airborne precautions. *[Refer to Sample Form 2 - Sample Agreement/MOU for Placement of Persons with Suspect or Confirmed Tuberculosis.]*

B. Assess any costs associated with implementing isolation/airborne precautions and determine sources of payment per Wis. stats. 252.06 (10) and 252.07(10).

(Note: If the person is placed in the jurisdiction of another health department, the original health department retains responsibility for services and costs. Health departments may reach agreements about the logistics of providing care and services effectively and efficiently.)

- 1. Determine which third party payers may be appropriate for potential clients in your community including how to expedite regular MA eligibility determinations. Resolve potential third party payor issues early to foster acceptance of the affected person by medical and institutional providers.
 - a.) To provide for persons with potential for Medicaid or other third party coverage, each health department should plan ahead and problem solve with the County Social Services department to expedite eligibility and presumed eligibility determinations and the streamlining of the Medicaid application process. This is especially important for those who will require acute or inpatient care/treatment. (The Tuberculosis Medicaid (TBMA) benefit covers only non-institutional services.)
 - b.) If the Social Services Department staff will be providing direct services to infectious clients, provide any needed infection control/airborne precautions education to personnel and provide personal protective equipment, including facilitating fit-tests if needed.
 - c.) Include education and reassurance of the need for close, prolonged contact for transmission when the immune system is intact. Staff confidence in respiratory protection measures promotes dealing with the client in a positive, accepting manner despite the infectious nature of their condition.
 - d.) See Section 4. for accessing funding for persons without a third party payor.
- 2. Expenses for necessary medical care, food and other articles needed for the care of the infected person shall be charged against the person or whoever is liable for the person's support (i.e., we are all self-responsible for our own "room & board")
[WI Stats. 252.06 (10)]

Isolation Preparedness & Implementation

3. The county or municipality in which a person with a communicable disease resides is liable for the following costs accruing under this section, unless the costs are payable through 3rd-party liability or through any benefit system:
 - ☐ The expense of employing guards [See also WI Stats.252.06.(5)]
 - ☐ The expense of enforcing isolation in the confinement area.
[WI Stats. 252.06(10)(b)]
 - ☐ The expense of conducting examinations under the direction of the health officer.
[WI Stats. 252.06(10)(b)]
4. For inpatient care of isolated pulmonary tuberculosis patients, and inpatient care exceeding 30 days for other pulmonary tuberculosis patients, that is not covered by Medicare, Medical Assistance or private insurance, reimbursement may be requested from the department. Details must be worked out with the Wisconsin Tuberculosis Program.

STAGE TWO – Instituting Airborne Precautions & Isolation

- A. Evaluate the risk of tuberculosis transmission immediately or within _____**
[May insert number of hours or days per Health Department decision] **upon receiving the verbal or written notification that an individual has been identified as having suspect or confirmed infectious or high risk tuberculosis.** *[Refer to Form 3, Tuberculosis Transmission Risk Assessment Form]*

1. Ensure that the health department staff who will have contact with the individual have been trained and are competent in following the health department's Infection Control Plan, including staff protective measures.
2. Assess the individual's environment for factors that increase the risk of tuberculosis transmission to susceptible persons.
 - a. Determine if the individual lives in a congregate setting with others that share the same air. The following types of settings are considered high risk for transmission of tuberculosis:
 - Correctional institutions
 - Hospitals
 - Nursing homes
 - Mental institutions
 - Drug treatment centers
 - Homeless shelters
 - Living accommodations, including apartment and/or single room occupancy hotels, if air is shared in common areas through the building ventilation system.
 - b. If the individual lives in a congregate setting, assess for engineering controls such as isolation rooms with negative pressure. An isolation room for airborne precautions must vent directly to the outside air and have a minimum of six to twelve air exchanges per hour of non-recirculated or HEPA-filtered air. The ventilation system

Isolation Preparedness & Implementation

- c. that includes the isolation room should be designed and maintained by a professional with expertise in engineering or by consultation with a person with such expertise.
- d. Determine if the individual lives with or has other close contact with persons at greater risk for TB disease, i.e. children under 4 years of age or immuno-suppressed persons. (*See Contact Investigation Guideline*)
- e. Determine if the individual provides services to members of high-risk groups.

B. Assess for individual factors that influence the person's ability to establish adherence to isolation/airborne precautions, such as: (*See Sample Form # 3. – TB Transmission Assessment Form*)

1. Substance abuse.
2. Mental or emotional problems.
3. Chronic medical conditions that will increase the risk of transmission of tuberculosis, such as the need for dialysis, medical follow-up appointments, etc.
4. The individual may have limited insight, understanding or acceptance of having tuberculosis disease, especially their understanding of the ability to transmit TB to others.
5. Previous treatment failures for tuberculosis, either active TB disease or latent TB infection increase the risk of repeated failures.
6. Informal supports are essential to assist the individual to maintain airborne precautions and to remain in isolation while getting their basic physiological and emotional needs met whether they will be in isolation at home or in an institution. (grocery shopping, laundry, bill paying, medical or other appointments, obtaining medication, maintaining relationships, etc.)
7. Other priorities that the person is accustomed to may impact their ability or willingness to adhere to airborne precautions and/or medication therapy, such as having to maintain a strict diabetic or renal diet. Other issues include problem drug interactions such as the effect of Rifampin which diminishes the effectiveness of multiple important medications, such as anticonvulsants, analgesics, theophylline, digitalis, oral contraceptives and others.

C. Determine the appropriateness of the living situation for this individual based on your assessment and by using the Tuberculosis Transmission Risk Assessment Form.

[*Sample Form #3*]

1. Upon completion of the risk assessment, discuss findings with public health administration and/or the health officer regarding necessary actions.
2. In the event the current living situation is not appropriate, (e.g. congregate living site, or site where there is shared air through the building ventilation system or where infants and young children also reside), the health department will assist with arrangements and referrals necessary to secure an alternative living environment. (Preparations conducted during Stage One and the development of MOUs are critical to ensure a good transition for both the person and the community.)

3. Consult with the Wisconsin Tuberculosis Program for any questions regarding placement/housing of individuals when questions arise about transmission risks. This may help prevent transmission issues or it may help prevent the implementation of any unnecessary isolation/airborne precautions.

Isolation Preparedness & Implementation

D. Assess knowledge and provide information on tuberculosis disease and the need for isolation to the individual and any other relevant persons. Ensure *sufficient early understanding* to ascertain that they will maintain isolation/airborne precautions. Expand details of teaching and care as case management proceeds.

1. Provide basic education about tuberculosis, including the following information:

- The disease process as relevant to the person with a new initial diagnosis adjusting to isolation (give more details later as person adjusts).
- The airborne nature of transmission and the risk to others with close, prolonged contact, including visitors or if the person were to go where there are other people.
- The importance of covering mouth and nose when coughing and sneezing. A mask worn by someone with tuberculosis does not protect others.
- Review with the individual facts on *M. tuberculosis* giving appropriate written materials in the person's own language and/or with use of a good interpreter. [Information & materials available from the State TB Program]
- Give sufficient time for the person, family and other involved people to ask all questions.

2. Individualize and review the initial care plan until it is safe, yet workable for the individual and he/she demonstrates satisfactory recall and/or verbalizes the intent to adhere to the plan. If there are any issues with the medical treatment plan, consult the physician and problem-solve to meet both the necessary medical treatment goals and the needs of the individual. A verbal or written contract for adherence to the required behaviors and actions may help the person and the family to understand what is expected and may help the health department staff as well. It also creates a "paper trail" if there is confusion later. [See Sample Form 4 – Voluntary Isolation Contract]

- Review and instruct the person in the medication regimen using ample feedback time and questions to evaluate understanding
- Liberally use DOT (directly observed therapy), pill minders, visits, etc.
- Stress the importance of taking all the medications.
- Provide information about changes in signs and symptoms to report.
- Provide at least one contact name and phone number for the person to call.
- Obtain one or two contact names and phone numbers from the person in case you find them gone from home (someone who would know if they went to the hospital unexpectedly.)
- Stress the individual's role in adhering to the medical regimen and isolation plan. The health department may ask the individual to sign a written client agreement/contract, especially those persons with some risks for non-adherence. [See Sample Form 4.]

3. Inform the person and family about the control measures to prevent transmission and determine which ones are needed for *this* person in *this* environment. Listen to their concerns and priorities so you can support them and enable all of them to adhere to the necessary restrictions and still "have a life".

Isolation Preparedness & Implementation

4. Stress the importance of staying at home or at the other agreed location. Continually assess and evaluate the individual's knowledge about the meaning and importance of isolation.
5. Place emphasis on the importance of excluding previously unexposed persons until non-infectious.
6. Identify personal and service needs required to support the individual in isolation (e.g. grocery shopping, laundry, mail, medical or other appointments, obtaining medication, etc.) Provide case management as necessary to meet these needs as well as psychosocial, emotional and spiritual needs.
7. Discuss activities that the individual can safely do without exposing unexposed people (such as walking outside if it presents no risk) and help them to cope with issues related to isolation and airborne precautions. Help them determine with whom contact is acceptable and instruct them in how to safely accept limited visitors who are approved by the health department. Work with the person to determine other ways to maintain contact with significant others who cannot visit until the infectious period is over.
8. Use all available means, including incentives and enablers to promote cooperation and enhance the quality of life, as well as adherence. Discuss incentives and enablers with the individual to identify those that will promote cooperation (e.g. food, personal items, vouchers, books, videotapes, toys, and assistance with housing or transportation.) Refer to *"Improving Patient Adherence to Tuberculosis Treatment"* published by the Centers for Disease Control and Prevention (CDC) 1994.

To establish a "TB Incentive Program" in advance so it is ready when you need it, call the American Lung Association of Wisconsin at **1-800-586-4872**.

E. Assure that the individual maintains isolation/airborne precautions.

1. The health department will visit the individual as often as necessary to monitor the clinical condition, evaluate for medication side effects, ensure medication adherence, and to monitor individuals for adherence with isolation. (HFS 145.09(9). This may include unannounced home visits to assess adherence to isolation. [*Local Health Department may decide a minimum visit frequency if desired; requirement is not prescriptive; health officer **remains responsible.***]
2. Re-evaluate the care plan and the medical treatment plan, consulting the physician for any medical issues, to ensure that it is least disruptive to the individual's life and still supports the goals of individual treatment and protection of the community all during case management.

F. Evaluate the need for the health officer to issue an isolation or confinement order if the person does not voluntarily maintain isolation/airborne precautions. Refer to the Confinement Preparedness & Implementation Guideline if necessary

Isolation Preparedness & Implementation

1. Confirm and document date and circumstances of incidents indicating non-adherence such as: the individual does not voluntarily remain isolated and/or allows unauthorized outside visitors.
2. Notify local health officer promptly of the individual's non-adherence to isolation plan, discuss and problem-solve regarding the circumstances surrounding the non-adherent activity and evaluate the risk of transmission that may have occurred.
 - a. Re-evaluate the appropriateness of the current living situation. (Refer to sections above and make changes in the care plan or in supports if needed.)
 - b. Evaluate the benefit of issuing a written health officer isolation order and evaluate the need to progress to the legal actions of health officer or court-ordered confinement.
 - c. Explain that further non-adherence will lead to further legal action to protect the health of others. (If client has been on treatment a while, check latest lab findings to determine if still considered infectious.)
 - d. The local health officer should consult with legal counsel regarding possible legal action and move forward with 72 hour health officer confinement and subsequent court-ordered confinement if indicated. The health officer can also proceed directly with a request for court-ordered confinement if appropriate. This step can always be used if the person presents a *risk to the health of the public*, even though they may not currently be infectious.
3. Consult with the Wisconsin Tuberculosis Program regarding the need for isolation/confinement whenever necessary. There is also a member of the Division of Public Health staff available after-hours to receive **emergency** calls at **608-258-0099**. Non-emergency calls, including calls to report a case of active tuberculosis are taken during regular business hours, 7:45 AM to 4:30 PM, Monday through Friday except holidays.

G. The local health officer issues an Isolation Order whenever indicated.

1. Write the isolation order to fit the individual circumstances, keeping the treating physician involved and well informed. [Refer to Form 5, Sample Isolation Order.] The isolation order must specify:
 - a. Current disease status and basis.
 - b. Statutory authority for isolation order and required control measures.
 - c. Expectations and conditions of isolation.
 - d. Statutory basis and legal steps to be taken if the patient fails to comply with the isolation order.
2. Specify, in writing, who can remain in the home or visit while the individual is under the isolation order.
3. Have the order reviewed by legal counsel.
4. Serve the isolation order. It is served by the Health Officer or her/his designee.
 - a. Create two originals of the order, with the **health officer signing both**

Isolation Preparedness & Implementation

- b. The order may be served by: the health officer, other health department administrator, or law enforcement. The public health nurse case manager may or may not want to be present depending on the relationship with the individual and various circumstances.
 - c. Obtain the individual's signature (parent/guardian for minors/wards) and a signature of an adult witness on both forms.
 - d. Provide the individual with an original signed order and keep the other original signed order for the record.
- H.** Assure the individual maintains the Isolation Order by follow up visits and rapport building as well as unannounced visits, if indicated to ensure adherence to isolation.

I. Release from isolation

1. In accordance with HFS 145.10, all of the following conditions must be met:
 - a. An adequate course of chemotherapy has been administered for a minimum of two weeks, and
 - b. There is clinical evidence of improvement, and
 - c. Sputum or bronchial secretions are free of acid-fast bacilli, and
 - d. Specific arrangements have been made for post-isolation care; the post-isolation care plan should include treatment plan and follow up care, and
 - e. The individual is considered by the health officer or the department not to be a threat to the general public and likely to comply with the remaining treatment regimen.
2. Exceptions to the above conditions for the release of the individual from isolation must be discussed with the Wisconsin Tuberculosis Program.
3. For individuals who are under an isolation order, provide notification and a release from isolation order when no longer infectious. [*See Form 6. - Sample Release from Isolation Order.*]
 - a. Write the release from isolation order to fit individual circumstances.
 - b. Involve legal counsel for this process/form approval.
 - c. Create two "originals" of the release order; the health officer signs both.
 - d. Take both to the individual for signatures (parent/guar. for minors/wards) [*Local Health Department decision as to whether or not to require a witness for a release from isolation.*]
 - e. Provide an original to the individual and keep one original for the record.
4. Continue case management and follow up care until prescribed therapy is completed and continue to work closely with the Wisconsin Tuberculosis Program for regular case reviews.

References

1. American Thoracic Society. **Diagnostic Standards and Classification of Tuberculosis in Adults and Children**. April, 2000
2. American Thoracic Society. **Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection**. April, 2000
3. California Department of Health Services and Executive Committee of the California Tuberculosis Controllers Association. **Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional, or In-Patient Settings**. 1997.
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5. Centers for Disease Control and Prevention. **Improving Patient Adherence to Tuberculosis Treatment**. 1994.
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7. Francis J Curry National Tuberculosis Center, Institutional Consultation Services. **Isolation Rooms: Design, Assessment and Upgrade**. 1999.
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9. Lawton, M.P. & Brody, E.M., “Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living”, **The Gerontologist**, 9: 179-186, 1969
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11. North Carolina Division of Epidemiology, Department of Health and Human Services. **North Carolina Tuberculosis Policy Manual**. 1997.
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15. Wisconsin Statutes, Communicable Diseases; ss. 252.06 – 252.07; 1997-98.

Isolation Preparedness & Implementation

Sample Form 1. FACILITY REVIEW FORM

Facility Name _____
Address _____ Phone # _____
Administrator Name _____ Date _____

I. Facility follows a written current infection control program that includes the following control measures: Yes No

(Check all items below that are present, comment as needed.)

A. Administrative control measures include the following:

- ☐ Prompt isolation/airborne precautions for infectious cases _____
- ☐ Health care worker training, education & competency _____
- ☐ A person(s) assigned responsibility for TB control _____
- ☐ Early detection plan for suspect tuberculosis cases _____
- ☐ A timely diagnostic evaluation of suspected TB _____
- ☐ Review/Quality Assurance for TB patient medical records _____
- ☐ Periodic risk assessment _____
- ☐ Health care worker counseling and screening _____

B. Engineering Controls include the following:

- ☐ Negative pressure room(s) with a minimum of 6 to 12 air exchanges per minute vented to the outside or well-functioning HEPA Filtering system in place _____
- ☐ Effective monitoring and maintenance of negative pressure airborne precaution rooms is in place _____

C. Personal Respiratory Protection Plan includes the following:

- ☐ A respiratory protection program that teaches health care workers how, when and where to use personal respirators _____
- ☐ Precautions to prevent airborne transmission of TB during and immediately after procedures that stimulate coughing _____

D. A Discharge Planning Procedure that includes the following:

- ☐ Treatment plan _____
- ☐ Follow-up care _____
- ☐ Discharge planning with the health department and early notification of impending discharge _____

II. Facility has an appropriate TB Infection Control Plan in place and the apparent resources to implement it. Yes • No • Comments: _____

Signature _____ **Date** _____

Isolation Preparedness & Implementation

Sample Form 2 – (MOU)

SAMPLE AGREEMENT FOR PLACEMENT OF PERSONS WITH SUSPECT OR CONFIRMED TUBERCULOSIS IN NEED OF ISOLATION

This agreement is made and entered into on the _____ of _____, _____
Day Month Year

by and between _____
Institution/Facility Name

and the _____ Health Department.
City/County

The purpose of this agreement is to work collaboratively to ensure appropriate care and placement or confinement of persons with suspect or confirmed tuberculosis who must be isolated or confined to prevent others from becoming infected.

SCOPE OF SERVICES

The _____ will admit persons
Institution/Facility Name
with suspect or confirmed tuberculosis who need care and treatment in order to protect the health of others in the community. The individuals will immediately be separated from other people in a negative pressure room and isolation/airborne precautions will be instituted and followed. They will continue in isolation/airborne precautions until the Health Officer determines that the disease is no longer infectious. Only the necessary infection control policies, procedures and practices will be implemented and they will be sustained only as long as necessary. Attention will be given to the person by the facility and the health department to preserve the person's psychosocial well being and to mitigate the potential negative effects of isolation/confinement. They will revert to standard precautions when the local health department health officer notifies the facility that the person is no longer infectious based on laboratory/medical evidence that is satisfactory to the Health Officer in concurrence with the treating physician.

I, _____ agree to work collaboratively with the local health
Administrator's Signature
department's public health staff to ensure care and treatment plans are implemented that will meet the person's need for tuberculosis treatment and to protect the public's health. I agree to bill all third party payers or any benefit system for services provided. I agree to consult with the health department's public health staff regarding treatment plans, discharge planning and follow-up care following release from isolation/confinement. Liaison with the health department will be through _____

Liaison's Name, Title and Phone Number

(Page one of two pages)

Isolation Preparedness & Implementation

The _____ Health Department

City/County

will immediately notify the facility's administrator of imminent isolation/confinement of an individual with suspect or confirmed tuberculosis and work with the facility for smooth transition. All clinical information is treated with confidentiality; sufficient information will be given to enable the facility to prepare in advance for the admission or potential admission of the person.

The county or the municipality in which a person with a communicable disease resides is liable for the costs specified under WI. Stats. 252.06(10)(b).

I, _____, agree to provide copies of Wisconsin statutes and

Health Officer's Signature

rules governing tuberculosis and any pertinent guidelines, references and training as requested.

I agree to provide assistance to enforce confinement orders if necessary and to fund and support the posting of guards should this be deemed necessary.

I agree to, or my designee will, visit on a regular basis to offer assistance and to ascertain that isolation/confinement is being maintained. Additional education will be provided as necessary.

Public Health staff will monitor the medical progress and laboratory results on an ongoing basis to determine when the person can be released from isolation/airborne precautions/confinement. Ongoing liaison with the treating physician and the facility staff will be maintained, as well.

The Health Officer will notify the person, the facility and the physician when it is safe to release the person from airborne precautions/isolation/confinement and allow them to move freely about the community. The health officer will determine this for the person in isolation/confinement under WI Stats. 252.07(8) or 252.07(9). This determination will be in concurrence with the treating physician and will be based on medical and laboratory evidence that meets all of the conditions specified in HFS 145.10. If the person needs confinement for more than six(6) months, the court shall review the confinement every six(6) months.

The health department personnel will participate in and provide consultation regarding development of protocols, care plans, and discharge plans for the patient. Liaison will be through _____.

Public Health Nurse /TB Nurse Name

Title

Phone Number

This Agreement is complete and valid as of the above date. Either party may terminate this agreement at any time at their sole discretion by delivering 30 days written notice to the other party. Any patient or resident notices must follow all applicable federal and state requirements.

By _____ Date ____/____/____
Administrator's Signature Month/Day/Year

By _____ Date ____/____/____
Health Officer Signature Month/Day/Year

(Page two of two pages)

Isolation Preparedness & Implementation

Sample Form 3 - Tuberculosis Transmission Risk Assessment Form

Client Name _____	DOB _____	Sex _____
Address _____		Zip _____
Home Phone _____	MA/Insurance _____	
Physician _____		
Contact People _____		

Environmental risk factors: Check all that apply; comment if checked.

- ☐ Lives in a congregate setting? Specify _____
- ☐ Lives in a setting with shared air, either the same room or through ventilation systems?

- ☐ Is a negative pressure room available there or can it be arranged if needed later?

- ☐ Lives in multiple settings? Specify _____
- ☐ Lives in a household with young children? Who & what ages?

- ☐ Lives in a house with immunosuppressed persons? Who & what circumstances?

- ☐ Provider of services to members of high risk groups? What groups & circumstances?

- ☐ Has frequent outside visitors? Who & what circumstances? _____
- ☐ Frequently goes out? When, why & what circumstances? _____

Individual risk factors: Check all that apply; comment if checked.

- ☐ History of problems with alcohol? _____
- ☐ History of other drug use? _____
- ☐ Mental and/or emotional problems? _____
- ☐ Medical problems? Specify: _____
- ☐ Understanding & acceptance of disease is limited _____
- ☐ History of failure to complete past medical regimens? _____
- ☐ Has informal supports? Who & for what? _____
- ☐ Is not able to meet personal and service needs (ADLs & IADLs)? Which needs?

- ☐ Other? _____

Summary & Action Plan _____

Signature _____ Date: _____

Isolation Preparedness & Implementation

Sample Form 4.

Sample Voluntary Client Isolation Contract

(Suggested language, may place on health department stationery)

To: (Individual's name, address & date of birth)

Because you [have or are thought to have][suspected or confirmed](select correct terms) infectious tuberculosis, there is a risk you could transmit this disease to others. Therefore, to protect people around you while you are getting treatment,[or while the test results are being processed](select correct terms) you need to remain at _____ until your [tuberculosis or suspected tuberculosis] (select one) is cleared or is no longer thought to be infectious. When you are confirmed as no longer infectious, you will be able to move freely about the community while you complete your treatment. We will monitor your clinical condition regularly and we will let you know how you are progressing and when your treatment is complete.

(Fill in available supportive data only, **do not** leave any blanks:)

The clinical findings that point to infectious tuberculosis are: [a positive tuberculin skin test of _____ millimeters placed on _____, a _____ specimen smear positive for acid fast bacilli on _____, a _____ specimen culture positive for *M. tuberculosis* on _____, a chest x-ray done on _____, that may indicate active tuberculosis disease.]

Wisconsin laws, specifically state statutes 252.06 and 252.07 regulate the control of infectious tuberculosis. It is further regulated by Wisconsin Administrative Rules. "No person with infectious tuberculosis may be permitted to attend any public gathering or be in any public work place." [HFS 145.09(2)] Not abiding by these laws will result in legal action through the court.

I, _____ agree voluntarily to:

- ☐ Remain in _____ until the Health Department releases me.
- ☐ Have no contact with people outside of _____.
- ☐ Have no person into _____ except the designated public health staff or any other person given permission by the Health Department.
- ☐ Remain in isolation/airborne precautions until such time as I have medical verification from the Health Department that I am no longer infectious.
- ☐ Contact the Health Department for assistance if I am having any difficulty maintaining this agreement, have any changes in symptoms or if I become aware of anyone else with whom I was previously in contact who should undergo an evaluation.
- ☐ Arrangements for medical appointments will be made by _____.
- ☐ I understand that the Health Department will visit me regularly to evaluate how I am doing and to ensure that I am remaining in isolation/airborne precautions.

Client: _____ Date ____/____/____
Client Signature Month/Day/Year

Witness _____ Date ____/____/____
Optional Witness Signature Month/Day/Year

Health Department Staff: _____ Date ____/____/____
Signature & Title Month/Day/Year

Circle one: a.) Health Officer form b.) Client form

Isolation Preparedness & Implementation

Sample Form 5 - Isolation Order *(Suggested language, may place on health department stationery)*

To: (Individual's Name, Address and Date of Birth)

I, _____, Health Officer for _____, have been informed that you have
(Local Health Officer) (City/County)

[*suspected or confirmed*] (*select one*) infectious tuberculosis, and there is a risk that you could transmit this disease to others. (*Fill in confirmed supportive data, **do not** leave any blanks, remove areas that are not known.*)

This determination of [*suspected or confirmed*] (*select one*) tuberculosis is based on [*a positive tuberculin skin test of* (____ millimeters) placed on _____, a _____ specimen collected on _____ that is smear positive for acid fast bacilli, a _____ specimen culture taken on _____ that is positive for *M. tuberculosis* _____, chest x-ray(s) done on _____ that show _____, _____, which may indicate active tuberculosis disease.]

Wisconsin laws, specifically state statutes 252.06 and 252.07 regulate the control of infectious tuberculosis. Tuberculosis control is further regulated by Wisconsin Administrative Rules. "No person with infectious tuberculosis may be permitted to attend any public gathering or be in any public work place." [HFS 145.09(2)] It is necessary for the protection of the health of the general public that you follow a specific plan of medical management for your disease, including taking medications. You need to abide by this isolation order to protect others from becoming infected by sharing the same air with you while you are infectious.

In light of my legal obligation to protect the health of the public, you are ordered to:

1. Remain in _____.
2. Have no contact with people outside of _____.
3. Have no other person enter _____ except my designated representatives or any other persons having special written consent from my office.
4. Remain in _____ until I notify you that I have medical verification that you are no longer infectious and I release you from isolation/airborne precautions.

Arrangements for medical appointments will be made by _____.
You will be visited by a health department representative to check on how you are getting along and as required by Wisconsin Administrative Codes.

This order is effective as of this date, _____, and is to stay in effect until you are officially notified of your release from isolation/airborne precautions by my agent or me. A violation of this order will result in a request to the court for legal action to enforce your isolation to protect others from being infected.

_____	Date	____/____/____
Health Officer Signature		Month/Day/Year
Signature acknowledges receipt of the original order: _____	Date	____/____/____
Client's Signature		Month/Day/Year
Witness to service of isolation order: _____	Date	____/____/____
Witness Signature		Month/Day/Year
Served by: _____	Date	____/____/____
Signature		Month/Day/Year

Circle one: a.) Health Officer form b.) Client form

Isolation Preparedness & Implementation

Sample Form 6 - Release from Isolation Order *(Suggested language, may place on health department stationery)*

To: (Individual's name, address and date of birth)

I, _____, Health Officer for _____, have
Health Officer Name City/County
medical verification that you are no longer infectious and your condition is no longer considered a public health risk.

In consideration of your recent test results I am releasing you from the isolation order issued on _____. You are free to move about the community.

*[Choose **ONLY ONE** of the following options]*

a.) Your need for completion of therapy is critical in order to kill the tuberculosis germs residing in your body so that you do not become infectious again. You will receive continuing public health care for an extended period until all organisms are likely to have been killed. The public health nurse will continue to meet with you to discuss your continued therapy and answer any questions you may have.

b.) The diagnosis of tuberculosis has been eliminated and you are now able to follow up with your chosen health care provider for your further health care needs. Please call the _____ Health Department at _____ with any public health
City/County Phone Number
questions you may have.

Health Officer Signature Date ____/____/____
Month/Day/Year

I acknowledge receipt of original order of release _____ Date ____/____/____
Client's Signature Month/Day/Year

[Option of witness for release per local health department decision; eliminate the signature area below if not to be used:]

I witnessed issuance of release _____ Date ____/____/____
Witness Signature Month/Day/Year

Served by _____ Date ____/____/____
Signature & Title Month/Day/Year

Circle one: a.) Health Officer form b.) Client form